



Key Vista MHC
1800 W. Main Street, Lowell, Michigan 49331
Phone: 616.897.8427
keyvista@fhmanagement.com

REQUEST FOR VERIFICATION OF EMPLOYMENT

To Whom It May Concern:

_____ has applied for a lease at our community. To process their application, we are requesting your assistance to verify the following information. This authorization of release of information is good for one year.

Applicant section:

Applicant Signature Printed Name of Applicant ___/___/___
Date

Name of Company Supervisor's Name

(___) _____
Employer's Phone Employer Address

Employer Use Only:

Social Security Number: ___ - ___ - _____ Date of Hire: _____

Temporary: No Yes If yes, anticipated last day? _____

Position: _____ Hours worked per week: _____

Hourly Rate: _____ Annual Gross Income: _____

Signature of Employer Printed Name of Employer ___/___/___
Date

Please fax this verification to (616) 897-9959.

*We appreciate your assistance.
If you have any questions, please feel free to contact us at (616) 897-9749.*